

POSITION	ID NO.	DATE
CLASSIFIER	21	5/3/94
EXAMINER	230	5-994
TYPIST	30A	5-994
VERIFIER	20	5-994
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	12/20/93
2	1/14/94
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16	1/16/94
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20	1/20/94
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45	1/25/94
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SYMBOLS

✓	Rejected
✗	Allowed
— (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	
Original	
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